

```
<!-- /* Font Definitions */ @font-face {font-family:Verdana; panose-1:2 11 6 4 3 5 4 4 2 4;
mso-font-charset:0; mso-generic-font-family:swiss; mso-font-pitch:variable;
mso-font-signature:536871559 0 0 0 415 0;} /* Style Definitions */ p.MsoNormal,
li.MsoNormal, div.MsoNormal {mso-style-parent:""; margin:0in; margin-bottom:.0001pt;
mso-pagination:widow-orphan; font-size:12.0pt; font-family:"Times New Roman";
mso-fareast-font-family:"Times New Roman";} p {mso-margin-top-alt:auto; margin-right:0in;
mso-margin-bottom-alt:auto; margin-left:0in; mso-pagination:widow-orphan; font-size:12.0pt;
font-family:"Times New Roman"; mso-fareast-font-family:"Times New Roman";} @page
Section1 {size:8.5in 11.0in; margin:1.0in 1.25in 1.0in 1.25in; mso-header-margin:.5in;
mso-footer-margin:.5in; mso-paper-source:0;} div.Section1 {page:Section1;} -->
```

For a moment, let me speak to the 103,000 Medicare beneficiaries in the 12th Congressional District in New Jersey, more than 100,000. This legislation would improve their benefits. It would provide free preventive and wellness care. It would improve the primary care and better coordination of care, not just so there is more efficiency and less waste, although there would be, but so that patients don't get the runaround. It does not help their health to have unnecessary or counterproductive tests or procedures. It would enhance nursing home care. And it would strengthen the Medicare Trust Fund, extending solvency for another 8 or 9 years. That is real.

You had spoken earlier about the doughnut hole. I always hesitate to talk about the doughnut hole. I think of it as a cliff. Depending on how expensive your monthly medication is, along about August or September or October, you have exceeded the expenditure limit on Medicare, the way things stand now, and you fall off the cliff. And if you want to keep taking the medicines, you have got to pay out of pocket.

Under the bill, the beneficiaries not only would receive in 2010 a \$250 rebate and 50 percent discounts on brand-name drugs beginning in the coming year, but also complete closure of this doughnut hole, or better yet, filling in this cliff in the years to come. A typical beneficiary who enters the so-called doughnut hole, again, that is too benign a term, who falls off the cliff, will see savings of over \$700 in the coming year and over \$3,000 in coming years. So this is something that, yes, it helps small businesses. Yes, it helps young adults trying to get a start after college. Yes, it helps people who find themselves between jobs or people who want to start small businesses. It helps employees of large businesses. It helps anybody who has a health insurance policy now. But tonight, we are talking about how it will help senior Americans.

This is something that has been one of the great accomplishments, not just of the Democratic Party, but of the United States. Medicare has been a success. It has been medically a success. It has been socially a success. This legislation before us will only strengthen Medicare.

And to underscore a point that you were making, Ms. *Schakowsky*: By getting better coordination among doctors, by having more primary care doctors, by covering preventive care, by making sure that beneficiaries have access to medicine, we not only get efficiencies, but each patient gets better care.

We begin to shift more attention toward the outcome, the health of the patient.

Having extra procedures or having to go to a specialist when you don't need to go to a specialist but only because you don't have a primary care physician available is not only costly but it is not healthful. It does not produce the best outcome, and it leaves the patient frustrated and getting the runaround.

So people ask me, well, in this health care bill, how can you claim to cut costs and not cut our benefits? How can you claim to cut costs and not give us worse care? Well, in fact that is the point exactly. By having primary care physicians, by paying for the medical education of those physicians to have more of them available, to have better coordinated care among doctors, the patients will get better care. So it is not just a matter of efficiency, but it is that also.

And to continue on your point. The debate that we are having right now strongly echoes the debate of the 1960s over Medicare. "Inefficient and costly government." "Putting the government between the doctor and the patient." "Socialized medicine." Yes, we have heard all of those phrases this week, in fact tonight here, previously, from the other side of the aisle. Those are quotes from the 1960s.

Now, few people today would call for a repeal of Medicare given its success for seniors, yet it was very controversial back then. The same arguments were made against health care reform then as are being made now.

Some leaders, from Ronald Reagan to Bob Dole to Gerald Ford, fought the program and voted against its creation. Since then, some opponents of Medicare have tried to cut, or cut, Medicare. Former Speaker of the House Gingrich spoke of cutting back Medicare so that it could, quote, wither on the vine.

Does anybody really think that Democrats, who are so proud of the accomplishments of Medicare, would for a moment consider cutting back on Medicare? Does anybody reasonably think that?

This is a successful program that has taken us from 1965, when 44 percent of seniors were uninsured. They had no place to go except maybe the emergency room if they got really sick. It has taken us to a point where barely 1 percent of seniors today have no coverage. Seniors had limited choices back then. They could deplete their savings or seek assistance from their children or look for charity care, or, as was so often the case, forego medical care entirely. Within 11 months after President Johnson signed Medicare into law, almost 20 million Americans had enrolled in the program, and it has virtually eliminated uninsurance among older Americans. Today, about 1 percent of those 65 and older lack health care coverage.

So ask any of the 45 million beneficiaries if they would trade their Medicare. You will have a hard time finding any.

There is waste and fraud in Medicare. I think the gentleman said a lot; actually, it is a little. But when there are 44 million beneficiaries, almost 45 million beneficiaries, a little bit of error, a little bit of fraud can add up to a lot of money. But the program itself, if you count administrative costs as well as waste, fraud, and abuse, it is a couple of percent. In other words, almost all of the money in Medicare goes to providing health care.